DOCUMENT # P990000 90048 1. Entity Name Pink Trog Productions, Inc.: "							Ammended 1090800			
							FILED SECRETARY OF STATE HYDSION OF CORPORATION			
Principal Place of Business Mailing Address .							00 SEP 11 AM 10: 35			
9418 Valle Drive 9418 Valle Drive										
	a, FL		Tampa	yFL:3	3612					
2. Principal P	Place of Business		3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4	4. FEI Number Applied For Not Applicable			
Zip	Co	untry	Zip	Cour	ntry	5	. Certificate of Status Desir	ed 🗇 🕏	8.75 Add ee Required	
		Address of Current f			Name	7	. Name and Address of N	ew Registered A	gent	
Wil	Figuere	rdo		Street Address (P.O. Box Number is Not Acceptable)						
941	8 Valle	. Drive		Sireet At	Address (F.O. Box Number is Not Acceptable)					
Tar	mpa, F	L. 3361	12	City			FL	Zip Code		
8. The above	named entity sub	mits this statement for	the purpose of chang	ging its register	ed affice or	registered	agent, or both, in the State of		<u> </u>	
SIGNATURE	Will:	ed name of egistered agent a	نالال) م	am J. (NOTE: Registere	Figue	,	08	_ / /	0	
Tax filing r	oration is eligible to requirement and eli ria on back)	satisfy its Intangible	· · · · · · · · · · · · · · · · · · ·	NOWIII FEE 1, 2000 Fee Payable to D	will be \$5	50.00 of State	10. Election Campaig Trust Fund Contrib	oution.	Added	0 May Be to Fees
11. TITLE	d⊄	OFFICERS AND I	DIRECTORS Delet	12. e Tift		PMA	ADDITIONS/CHANGES TO		DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	19410 V11	J. Figuered e Drive FL. 33612	0	NAM STR		Figue 9418 Tam	eredo, William Valle Drive Da. FL. 3361	n J.	-	. _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa M 9419 Va	I. Figuered lle Drive ,FL. 3361	₩ Delet	NAM STR			′ ′20000 -09/			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Γ⊅ Michell	e D. Layt lle Drive FL. 336	∟J Delet ⊘n	NAM STR	,	V/D/ Lay 9418 Tar	Fon, Michelle Valle Drive pa, FL, 336	≥ D.	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	'	☐ Delet	NAM STRI					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAM STRI		-	109/13		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAM STRI			· , · · ,		Change	Addition
indicated of the cor	on this report or si poration or the rec	upplemental report is eiver or trustee empo	true and accurate and	d that my signa report as requi	ture shali ha	ave the sam	on 119.07(3)(i), Florida Statu ne legal effect as if made un orida Statutes; and that my	ider oath; that i an	n an officer (or airector

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELEGED DEL